

we are the county of  
los angeles

You are a part of what makes the County of Los Angeles a great place to live and work — one of nearly 100,000 employees dedicated to serving the people of the County of Los Angeles. Your *Options* benefit program, negotiated for you by SEIU Local 721, is designed to give you the security of knowing we've got you covered — so you have the freedom to focus on what matters most at work and home.



options

## Time to review your *Options* benefits!

**October 1 – October 31, 2015**

[mylacountybenefits.com](http://mylacountybenefits.com)

Annual benefits enrollment starts October 1 and ends October 31. Any changes you make take effect January 1, 2016. You will receive your *Options* annual benefits enrollment packet in the mail by late September. Your enrollment packet will highlight any benefit changes and the monthly cost for your benefits for the new plan year.

### **Why Should You Participate During Annual Benefits Enrollment?**

During annual benefits enrollment you can make changes to your benefits that you cannot make at any other time of the year, unless you experience a qualifying life event. It is your opportunity to review and update your benefits and make sure they meet your needs for the upcoming 2016 Plan Year.

Once you complete your enrollment you will have immediate access to your online confirmation statement showing the benefits you elected and any dependents you added for 2016.

If you miss the October 31 enrollment deadline, all current benefits will continue at 2016 premium rates **except** Health Care or Dependent Care Spending Accounts and waiving/declining medical coverage.

### **Is Your Contact Information Up to Date?**

It is essential that your mailing address and home phone number are up-to-date so you get your enrollment packet on time, and your medical/dental plans have your current information. You can update your address and phone number, using a County computer, at [mylacounty.gov](http://mylacounty.gov) — choose the Employee Self Service option — or, by contacting your Departmental Personnel Office.

### **Action Required for Spending Accounts**

You must enroll every year to participate in a Health Care or Dependent Care Spending Account. Remember, if you have a Health Care Spending Account, you can carry over up to \$500 to the next year. See back page for more information.

### **What Can You Do During Annual Benefits Enrollment?**

During annual benefits enrollment you may:

- Enroll in or change medical and dental plans as well as optional benefits such as life, long-term disability health, and accidental death & dismemberment insurance.
- Add or drop coverage for family members. You must remove ineligible family members from your coverage. See page 3 for details.
- Waive or decline medical coverage if you have other coverage. If you choose to waive or decline, you must provide proof of coverage each year. See page 2 for details.
- Enroll or re-enroll in the Health Care or Dependent Care Spending Accounts.

# Are you currently waiving or declining medical coverage?

WAIVING MEDICAL	DECLINING MEDICAL
<p>You may choose to waive medical coverage for 2016 under <i>Options</i> ONLY if:</p> <ol style="list-style-type: none"> <li>1. You have medical coverage through one of the following: <ul style="list-style-type: none"> <li>• Your spouse's/domestic partner's employer-sponsored medical plan</li> <li>• Another employer-sponsored medical plan (such as from a second job)</li> <li>• Veteran benefits</li> <li>• Medicare</li> </ul> </li> </ol> <p>AND</p> <ol style="list-style-type: none"> <li>2. Your other medical plan offers coverage similar to what <i>Options</i> offers</li> </ol>	<p>You may choose to decline medical coverage for 2016 under <i>Options</i> ONLY if:</p> <p>You have medical coverage through one of the following:</p> <ul style="list-style-type: none"> <li>• An individual insurance policy (For example: if you purchased insurance through an insurance company directly)</li> <li>• The state, federal or private marketplace (For example: insurance purchased through Covered California)</li> </ul>
Options Benefits Allowance	
If you waive medical coverage, you will receive the \$228 monthly <i>Options</i> Benefits Allowance.	If you decline medical coverage, you WILL NOT receive the \$228 monthly <i>Options</i> Benefits Allowance. <sup>1</sup>
You MUST provide information on your other coverage every year	
<p>You can waive or decline online at <a href="http://mylacountybenefits.com">mylacountybenefits.com</a> once annual benefits enrollment begins on October 1, 2015.</p> <p>You must provide information on your other medical coverage each year during annual benefits enrollment. If you do not submit new or updated information, or if your form is not approved, you will be automatically enrolled in Kaiser Permanente HMO for 2016, and will not be able to waive or decline again until the next annual benefits enrollment.</p>	

<sup>1</sup> For employees hired before January 1, 1996, \$244 of your monthly *Options* allowance is added to your salary when your pension is calculated at the time you retire. If you decline coverage, \$244 WILL NOT be added to your salary when your pension is calculated at the time you retire, and you WILL NOT receive the \$228 *Options* benefits allowance.

## Affordable Care Act (ACA) Compliance Update: New Forms for 2015 Taxes

In January 2016, the County will provide employees with a new tax form called form 1095-C. The ACA requires that large employers provide the form because it documents whether an employee worked full time and received an offer of ACA-compliant medical insurance each month during 2015. The County must issue the form to all full-time employees — generally defined as an employee who works 1,560 hours per year (30 hours per week).

You will also receive form 1095-B from your *Options* medical plan: Kaiser Permanente or UnitedHealthcare, depending on your coverage. This form documents the months you had ACA-compliant medical coverage during the year.

**Keep both forms; you may need to file them with your 2015 tax return.**



This newsletter is printed on recycled paper to support the County's commitment to the environment.

# Eligibility reminders

## Eligible Family Members

Eligible family members that you may add to your *Options* medical and dental plans<sup>1</sup> include:

- Your spouse or domestic partner
- Your children, which includes children born to you, children legally adopted by you, children awaiting finalization of adoption by you, stepchildren, children for whom you are the legal guardian, children you support because of a valid court order, and children of your domestic partner:
  - Under age 26<sup>2</sup>
  - Age 26 and older if your child became disabled before the limiting age and is approved by your health plan (check with your health plan to determine the limiting age)

## Dependent Eligibility Verification

Thank you to all those who participated in the Dependent Eligibility Verification program. Please note that during annual benefits enrollment, if you add a dependent who was removed through the verification process, you will be required to provide documentation to verify your current relationship status.

## Loss of Eligibility

You MUST remove an ex-spouse, ex-domestic partner, and any other ineligible family members from your medical and dental coverage. Such situations include divorce or the end of a domestic partnership.

Even if your divorce decree requires that you maintain health care coverage for your ex-spouse, you may not

keep your ex-spouse enrolled in your *Options* benefits.

## Social Security Numbers Required

If you change medical plans or enroll in a medical plan and add family members, you must provide Social Security numbers (SSNs) and any other required documentation for each person you wish to enroll within 10 calendar days from the date you enroll. All medical plans are required to gather SSNs to comply with federal reporting requirements.

If you do not provide SSNs and any other required documentation within 10 calendar days from the date you enroll, your family members will not have coverage effective January 1, 2016.

<sup>1</sup> The dependent term life, accidental death and dismemberment plans, and Spending Accounts have different dependent eligibility requirements. See your Options SPD for details.

<sup>2</sup> Under age 18 for legal guardianship.



UnitedHealthcare is proud to help the employees of the County of Los Angeles live healthier lives.

 UnitedHealthcare

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whatever it takes and then some

At Delta Dental of California, we're dedicated to making the County of Los Angeles employees happy. We give you more dentists, more savings and more satisfaction. Because we'll do whatever it takes to see your healthy smile.

 DELTA DENTAL

[deltadentalins.com](http://deltadentalins.com)




**KAISER PERMANENTE MEMBERS**

Earn a \$50 reward when you complete these activities by December 31, 2015.

- Complete a health assessment
- Be current on health screenings

Get more program details at:  
<https://healthworks.kp.org/countyla>

 **KAISER PERMANENTE**





## The County of Los Angeles

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### Look inside for news about *Options* benefits!

Annual benefits enrollment is  
October 1 – October 31, 2015.

- **How to update your contact information** – page 1
- **Waiving and declining medical coverage** – page 2
- **Two new tax forms for 2015** – page 2
- **Dependent verification** – page 3



## Spending Account reminders

### You Must Enroll Each Year if You Want an Account

Spending Accounts can help you save money on your health and dependent care expenses. You must enroll or re-enroll every year to participate in a Health Care or Dependent Care Spending Account. Enrollment does not carry over each year. You must re-enroll.

### HCSA: Carry Over up to \$500 Each Year

If you are enrolled in the Health Care Spending Account (HCSA) in 2015 and you do not claim all of the monies you contribute for 2015, you can carry over up to \$500 to 2016. You can claim the money at any time during the 2016 Plan Year for 2016 expenses.

This rule does not affect your annual maximum contribution. You can still contribute up to the full \$2,400 to your HCSA in 2016. Any money that carries over from 2015 will be added to your 2016 contribution amount.

### Online Resources

Did you know you can check your Spending Account balances, research eligible expenses, and file claims electronically? Log on to **mylacountybenefits.com**; select “Spending Accounts” in the “my tools” menu.

Check out the Spending Account eMagazine on the **mylacountybenefits.com** homepage. It has links to downloadable claim forms, and a calculator to help estimate your tax savings when you put money into a Spending Account.

Watch for more information in your annual benefits enrollment packet.

Watch for your *Options* benefits enrollment packet in the mail in late September.



If you do not receive your benefits enrollment packet by October 9, 2015, log on to **mylacountybenefits.com**, and click on “Explore Additional Resources” to download the enrollment materials, or call the Benefits Hotline at 213-388-9982 to request a packet.